

Program Inspection Compliance Plan

Provider's Name: **OWAYAWA CIKALA LAKOTA
IMMERSION**

City: **Porcupine**

Provider Number: **016597872**

Inspector: **Tina Uecker**

Date of Inspection: **06/26/2024**

Time of Inspection: **9:00 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

**JC - CPR
MG - CPR
KH - Training
TP - Training
KP - Training
MP - CPR, Training
AW - Level II Complete, Training**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

07/15/2024

07/23/2024

Status: **Corrected**

Katie Hunter

Provider Signature

07/23/2024

Date

Tina Uecker

Inspector Signature

07/23/2024

Date